

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate John O. Read
 Address 2396 Robert Hiram Dr. County Jackson
 Telephone 228-990-8051 Fax 228-497-9852
 Office Sought House of Rep. District 112 Email Address h112@bellsouth.net

☐ Check here if above is different from previous report

☒ **January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

☐ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 13,000. +\$ 0	\$ 13,000.00	\$ 13,000.00
Total amount of disbursements	\$ 14,698.64 \$ 12,000.00	\$ 26,698.64	\$ 26,698.64
Total amount of cash on hand		\$ 12,909.36	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>IMPC PAC</u>	<u>09/13/16</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 4079</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Guifport, MS 39502</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Billy Thompson</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Tourism MS PAC</u>	<u>09/30/16</u>	\$ <u>500.00</u>
Mailing Address <u>1103 N. Washington St.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Bidgeland, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Rochele Hicks</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>At+ PAC</u>	<u>10/15/16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Randy Russell</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Chevron</u>	<u>10/18/16</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1300</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Alan Sudduth</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS. Primary Care</u>		<u>10/12/16</u>	\$ <u>2000.00</u>
Mailing Address <u>200 N. President St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>C. L. Hester</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't Affairs</u>		Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Anheuser-Busch</u>		<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>Clay Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Stephen Clay</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't Affairs</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Pfizer</u>		<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>Clay Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Stephen Clay</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't Affairs</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>United Healthcare</u>		<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>Clay Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Stephen Clay</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Gov't Affairs</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comcast</u>	<u>11/15/16</u>	\$ <u>1000.00</u>
Mailing Address <u>1600 Galleria Place</u>	<u>11/15/16</u>	\$ _____
City, State, Zip Code <u>Atlanta, GA 30339</u>	<u>11/15/16</u>	\$ _____
Name of Employer (Required) <u>Michael Mitchell</u>	<u>11/15/16</u>	\$ _____
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>PhRma</u>	<u>11/16/16</u>	\$ <u>500.00</u>
Mailing Address <u>1830 N. St.</u>	<u>11/16/16</u>	\$ _____
City, State, Zip Code <u>Baton Rouge, LA</u>	<u>11/16/16</u>	\$ _____
Name of Employer (Required) <u>Pete Martinez</u>	<u>11/16/16</u>	\$ _____
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MHCA</u>	<u>11/21/16</u>	\$ <u>2000.00</u>
Mailing Address <u>1076 Highland Dr.</u>	<u>11/21/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS</u>	<u>11/21/16</u>	\$ _____
Name of Employer (Required) <u>Vanessa Henderson</u>	<u>11/21/16</u>	\$ _____
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>IMD PAC</u>	<u>12/12/16</u>	\$ <u>1000.00</u>
Mailing Address <u>1439 Katherine Dr.</u>	<u>12/12/16</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>12/12/16</u>	\$ _____
Name of Employer (Required) <u>James Russell DDS</u>	<u>12/12/16</u>	\$ _____
Occupation (Required) <u>Gov't. Affairs</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Acadia</u>	<u>12/22/16</u>	\$ <u>500.00</u>
Mailing Address <u>16100 Tower Circle</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>Franklin, TN 37067</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>Bryan Kaegi</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Gov't Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Amer Group</u>	<u>12/22/16</u>	\$ <u>1000.00</u>
Mailing Address _____	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>Cincinnati, Ohio 45204</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>Larry Deluane</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Gov't Affairs</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Baker Donelson</u>	<u>12/28/16</u>	\$ <u>500.00</u>
Mailing Address <u>One Eastover Center</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>Brent Alexander</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Gov't Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Astra Zeneca</u>	<u>12/2/16</u>	\$ <u>500.00</u>
Mailing Address <u>4274 Flamingway</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>Tallahassee, FL</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>Francesca Plendil</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Gov't Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Norfolk Southern Corp.</u>		<u>12/30/16</u>	\$ <u>250.00</u>
Mailing Address <u>710 Washington Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Montgomery, AL 36104</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Elizabeth Lawler</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>GOV'T Affairs</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee John O ReadReporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Nejam Properties</u>	Date (Mo., Day, Year) <u>01/01/16</u>	Amount of each disbursement this period \$ <u>816.00</u>
Mailing Address		
City, State, Zip Code <u>Jackson, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9,792.00</u>
B. Full name <u>ComCast Cable</u>	Date (Mo., Day, Year) <u>01/01/16</u>	Amount of each disbursement this period \$ <u>98.97</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1187.64</u>
C. Full name <u>Entergy</u>	Date (Mo., Day, Year) <u>01/01/16</u>	Amount of each disbursement this period \$ <u>69.11</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>829.32</u>
D. Full name <u>Shell Gas</u>	Date (Mo., Day, Year) <u>01/01/16</u>	Amount of each disbursement this period \$ <u>157.20</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1886.36</u>
E. Full name <u>Cspire</u>	Date (Mo., Day, Year) <u>01/01/16</u>	Amount of each disbursement this period \$ <u>83.61</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1003.32</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$